



**POWER OF ATTORNEY  
FOR ACTIVE MEMBERS**

State Form 49614 (R / 11-06)

Approved by the State Board of Accounts, 2006

Indiana State Teachers' Retirement Fund  
150 West Market St., Suite 300  
Indianapolis, IN 46204-2809  
Telephone: (317) 232-3860 / (888) 286-3544  
Fax #: (317) 232-3882  
Home page: [www.in.gov/trf](http://www.in.gov/trf)

**INSTRUCTIONS:**

1. Please **TYPE** or **PRINT**.
2. Please return to the Indiana State Teachers' Retirement Fund for verification and processing.

**PRIVACY NOTICE**

Your TRF number is required on this form. Without it our agency cannot process your request. To obtain your number, send us a written request including your social security number, date of birth, current address, and signature. We will mail you the information.

**MEMBER INFORMATION**

First name	Middle initial	Last name
TRF number (required)	Date of birth (month, day, year)	Date (month, day, year)
Address (number and street or P.O. box)		Home phone number (       )
		Other phone number (       )
City	State	ZIP code

**ATTORNEY IN FACT POWERS**

Pursuant to Indiana Code, section 30-5-4-1, I, \_\_\_\_\_, do hereby appoint

\_\_\_\_\_ as my attorney in fact to sign my name and conduct business on my behalf in

relation to the following transactions involving the Indiana State Teachers' Retirement Fund:

- Changing my mailing address
- Changing my designated beneficiaries with regards to my annuity savings account
- Changing my asset allocation directions with regards to the investment of my annuity savings account

Signature

Printed name

**NOTARY CERTIFICATE**

State of \_\_\_\_\_

SS:

County of \_\_\_\_\_

Before me the undersigned, a Notary Public for \_\_\_\_\_ County,  
Officer's county of residence

State of \_\_\_\_\_, personally appeared \_\_\_\_\_  
Name of person

And they, being first duly sworn by me upon their oath, says that the facts alleged in the foregoing instrument are true.

Signed and sealed this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

My commission expires: \_\_\_\_\_

(Signature) \_\_\_\_\_

Printed or typed name of officer

(SEAL)